

Membership application form

Please fill in form below with your details and membership option.

Full name:	Title
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Company name:

Address:

Postcode:	Tel no. (home):
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Mobile no:	Date of birth:
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Email address:

Please state how or where you heard about us:

Membership type:

Please tick appropriate membership option

7 Day

Intermediate

Colt

Junior

Hole sponsor 1

Flexi

Corporate

5 Day

Intermediate Plus

Colt Plus

80 Plus

Hole sponsor 2

Flexi Plus

Payment enclosed £

Please state either

1. Handicap index

3. Last handicap heldat date

4. No handicap ever held

Do you wishGolf Club to be your home club for handicap purposes?

Yes No if NO, which other club

Signed:	Date:
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After completing please return to:

Bulbury Woods Golf Club, Bulbury Lane, Lytchett Minster, Poole, Dorset BH6 6HR

Please read our privacy policy which describes how we will use your personal data. Visit hoburne.com/privacy-policy.

Please tick here if you would like us to contact you with information about goods and services which we feel may be of interest to you.

Telephone

Email

SMS

Post

I agree that my membership will be subject to the membership terms and conditions and club rules as shown on the club website.